

SB 104 FACT SHEET

Title: Authorizing establishment of an emergency care system

What the bill does:

- While the meat of the bill is about cleaning up statutes relative to Community Health EMS / Community Paramedicine, much of the content of SB104 is cleaning up the use of 'emergency medical technician' in numerous statutes. The DoL/BOME amended 37-3-1 MCA last session to use 'emergency care provider' as the generic term for all levels of EMT and paramedic. The legislative drafter decided this bill was a good place to insert that new term in other statutes
- Starting on page 14, the bill updates language to clarify legislative purpose and department powers to develop an emergency care system. This replaces a variety of terms in statute such as emergency medical services program, emergency medical services that are not defined. A definition for 'emergency care system' is under 50-6-302 on page 18.
- On page 16, this amends 50-6-201. In addition to the board's duty to assure ECPs provide proper treatment for emergency medical care "at the scene and during transport to a health care facility after an accident or the onset of an emergency condition", it adds "community-based health care integrated into the overall health care system..."
- On page 19, this amends 50-6-302 to define that in addition to an emergency medical service providing "prehospital or interfacility emergency medical transportation or treatment services", it can provide "community-based health care services as part of an emergency care system..."

Comments:

- CHEMS-CP fills gaps in the community. It does not compete nor replace other services that are already available. In Montana, there simply are not enough resources and CHEMS can be one way to fill gaps or to partner with current programs to provide patients with better access to health care
- CHEMS can be a strategy to provide EMS services with more staff, especially paid staff, to supplement their dwindling volunteer workforce
- This is a cleanup bill. Legal staff have questioned whether work on CHEMS can occur because statutes 'are based upon emergencies' and CHEMS is about non-emergencies
- We cannot continue to have substantive discussions about education, medical oversight, documentation, funding and other issues until a perceived statutory barrier is resolved.
- CHEMS is not a new scope of practice – it's an expanded role for the EMT or paramedic within their current scope of practice.
- If this law passes, it opens up the opportunities to have conversations about how CHEMS can be implemented in Montana.
 - It does not legislatively create CHEMS or allow CHEMS providers to start practicing without additional programmatic and regulatory activities.
 - The Board of Medical Examiners will still need to have discussions about standards for CHEMS provider education, medical oversight and protocols.
 - DPHHS will still need to consider service licensing issues related to equipment, communications, documentation and performance improvement.
- Pending SB104 becoming law, a May 15-16 statewide stakeholder meeting is being planned. This will be an opportunity for all stakeholders to come together and develop a strategic plan for development of Montana CHEMS. National experts have been invited to facilitate discussions about education, performance improvement, data collection, reimbursement and financing of CHEMS programs.